MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER 1"AMENDMENT AS FILED 2 [™] AMENDMENT I*AMENDMENT 2 MAMENDMENT IND. DEP. IND. | DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 93. TOTAL IND TOTAL IND TOTAL DEF TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS